

Attention
Billers
& Coders



The Monroe County Medical Society is pleased to host ...

“Ask the Carrier”

Wednesday, April 7, 2010

Rochester Riverside Convention Center
123 East Main St., Rochester, NY

(Log on www.rccc.com/gettingaround.htm for directions)

Lunch & Parking at South Ave. Ramp Garage Included With Paid Registration

(South Ave. garage ticket must be validated after registration at MCMS table)

With Representatives From the Area's Major Carriers

- Aetna
- Excellus Rochester Region
- Fidelis Care
- Medicaid
- Medicare
- MVP Health Care
- Monroe Plan for Medical Care
- United Healthcare/The Empire Plan

Remember ... You ***MUST*** register to attend!

Program cost is \$50 per person for MCMS member offices or \$100 per person for non-member offices.

Registration form is on back. Registration fees are non-refundable. Registration confirmation is not sent.

Registration and payments are DUE Friday, March 26, 2010.

Mail checks made payable to the Monroe County Medical Society, along with completed registration form, to:

Monroe County Medical Society

The Park at Allens Creek

132 Allens Creek Road

Rochester, NY, 14618

Valuable Tips

- **Please send your registration forms in early** as sessions fill up quickly. On the day of the program, arrive early in order to allow plenty of time for registration.
- **Please attend assigned sessions** and understand that your schedule may be changed due to capacity seating.
- **Be flexible.** Some questions will exceed capacities of the program and you may have to meet with the carrier representative at a different date and time for complete resolution.
- **Please be mindful of group dynamics.** Side conversations and monopolization of speakers are distracting to others.
- **Have an open mind.** The goal of the day is information sharing and relationship building with carriers and other practice groups.

To satisfy continuing education compliance requirements, certificates of completion will be provided as documentation of program attendance on the day of the program. CEU credits are available.

There is no walk-in registration. You must register in advance to attend. Registration deadline is March 26, 2010.

ASK THE CARRIER 2010 REGISTRATION FORM

Please print all information and use a separate form for each attendee.

For more information, call Ginny at (585)473-7573.

Name: _____

MD/Group Name: _____ Specialty _____

Office Address: _____ Zip _____

Office Phone: _____ Office Fax: _____ E-mail: _____

Program cost is \$50 per person for MCMS member offices or \$100 per person for non-member offices.

Representatives from the eight carriers will speak concurrently during each of the sessions. Each carrier will be located in a designated room. Next to each provider, please circle the session number you would like to attend. **Please note:** You MUST indicate which presentations you wish to attend. All schedules will be created on a first come, first serve basis.

Schedule: Registration and Continental Breakfast - 7:15 - 8:00 a.m. Lunch - 11:45 a.m. -12:45 p.m.
Welcome - 8:00 - 8:15 a.m. Session 4 - 12:45 - 1:45 p.m.
Session 1 - 8:15 - 9:15 a.m. Session 5 - 2:00- 3:00 p.m.
Session 2 - 9:30 - 10:30 a.m. Session 6 - 3:15 - 4:15 p.m.
Session 3 - 10:45 -11:45 a.m.

INSTRUCTIONS

For each carrier (listed on right), circle the session you plan to attend. **Please note that there are eight carriers but only six sessions.** Aetna, Excellus, Fidelis Care and MVP Health Care will be offering sessions designed specific to the interests of either primary care or specialty practices. (NOTE: Primary Care for Excellus and MVP: IM, FP, GP, PD, OB/GYN; Primary for Aetna: IM, FP, GP, PD; For Fidelis, see sessions below. All others are specialty.)

Medicaid, Medicare, Monroe Plan and United Health sessions combine both primary and specialty offices as in the past.

| SESSION #: | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|
| AETNA | Primary | Specialty | Primary | Specialty | Primary | Specialty |
| EXCELLUS | Specialty | Primary | Specialty | Primary | Specialty | Primary |
| FIDELIS CARE | Primary | Ob/Gyn | Specialty | Primary | Ob/Gyn | Specialty |
| MEDICAID | Combined | Combined | Combined | Combined | Combined | Combined |
| MEDICARE | Combined | Combined | Combined | Combined | Combined | Combined |
| MONROE PLAN | Combined | Combined | Combined | Combined | Combined | Combined |
| MVP | Primary | Specialty | Primary | Specialty | Primary | Specialty |
| UH CARE & EP | Combined | Combined | Combined | Combined | Combined | Combined |

IMPORTANT - REMEMBER TO SUBMIT YOUR QUESTIONS

Please include a separate sheet with questions. All questions must be typewritten or neatly printed. Please use complete sentences and indicate the carrier you wish to address. DO NOT send CMS form copies, EOBs, or other insurance data.

Questions should be e-mailed to gruderman@mcms.org or faxed to (585) 473-7641, attention Ginny.

Deadline for submitting questions is Friday, March 19, 2010.

PRESENTERS TYPICALLY WILL NOT ANSWER QUESTIONS UNLESS THEY HAVE THEM AHEAD OF TIME FOR PREPARATION. ALL SUBMITTED QUESTIONS WILL BE ANSWERED FIRST.